



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

DOWNTOWN PERFORMANCE MEDICAL CENTER

Respondent Name

ZURICH AMERICAN INSURANCE COMPANY

MFDR Tracking Number

M4-11-3118-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

May 13, 2011

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "I find this denial to be invalid. The Texas Worker's Compensation Fee Schedule allows more than \$0.00 for services rendered."

Amount in Dispute: \$234.70

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "95934-50 x2 (only 1 allowed) . . . as noted the documentation refers to the Tibial nerve only for the H wave testing. The actual nerve conduction study report indicating each nerve tested was not submitted for review. . . . 95831 x2 and 955851 x2- Submitted documentation consisted of the narrative report for the EMG/NCS test and these codes were not reference as being performed nor were the actual muscle or Range of Motion tests submitted for review."

Response Submitted by: Coventry Workers' Comp Services on behalf of Gallagher Bassett Services, Inc.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 17, 2010	Procedure Codes 95934, 95831, 95851	\$234.70	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.4 requires written notification to health care providers regarding contractual agreements for informal and voluntary networks.
3. 28 Texas Administrative Code §134.203 sets out the fee guidelines for professional medical services.

4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 45 – (45) CHARGES EXCEED YOUR CONTRACTED/LEGISLATED FEE ARRANGEMENT.
 - 15 – (150) PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE.

Issues

1. Are the disputed services subject to a contract?
2. Is the requestor entitled to additional reimbursement?

Findings

1. The insurance carrier reduced payment for disputed services with claim adjustment reason code 45 – “CHARGES EXCEED YOUR CONTRACTED/LEGISLATED FEE ARRANGEMENT.” Review of the submitted information finds insufficient documentation to support that the disputed services are subject to a contractual fee arrangement between the parties to this dispute. The submitted documentation does not include a copy of the alleged contract(s) that the respondent seeks to apply. No documentation was found to support that the insurance carrier is a party to the alleged contract between the health care provider and the alleged informal or voluntary network. No documentation was found to support that the insurance carrier had been granted access to the health care provider's contracted fee arrangement with the alleged network during the period that the disputed services were rendered. No documentation was found to support that the health care provider had been given notice, in the time and manner required by 28 Texas Administrative Code §133.4, that the insurance carrier had been granted access to the health care provider's contracted fee arrangement at the time the disputed services were rendered. The Division therefore concludes that, pursuant to §133.4(g), the insurance carrier is not entitled to pay the health care provider at a contracted fee. Consequently, per §133.4(h), the disputed services will be reviewed for payment in accordance with applicable Division rules and fee guidelines.
2. This dispute relates to professional medical services with reimbursement subject to the provisions of 28 Texas Administrative Code §134.203(b)(1), which requires that for coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply "Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers . . . and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

Review of the submitted information finds that:

- Procedure code 95934 (2 units) denotes an “H-reflex, amplitude and latency study; record gastrocnemius/soleus muscle.” The insurance carrier reduced payment for the disputed service with claim adjustment reason code 15 – “(150) PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE.” The respondent states that “95934-50 x2 (only 1 allowed) . . . as noted the documentation refers to the Tibial nerve only for the H wave testing. The actual nerve conduction study report indicating each nerve tested was not submitted for review.” Review of the submitted medical documentation finds that this service is not documented by procedure code or description, although mention was made of H waves and the Tibia. The requestor did not submit a copy of the nerve conduction study report for review. No documentation was found to support that the H-Reflex study was performed bilaterally. The respondent’s denial of the second unit is supported. Additional reimbursement cannot be recommended.
- Procedure code 95831 (2 units) denotes “manual muscle testing, with report, each extremity (excluding hand) or trunk.” The insurance carrier reduced payment for the disputed service with claim adjustment reason code 15 – “(150) PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE.” The respondent states that “Submitted documentation consisted of the narrative report for the EMG/NCS test and these codes were not reference as being performed nor were the actual muscle or Range of Motion tests submitted for review.” Review of the submitted medical documentation finds that this service is not documented. Nor did the requestor submit a copy of the manual muscle testing report for review. The respondent’s denial reason is supported. No additional reimbursement can be recommended.

- Per Medicare's CCI edit payment policy, procedure code 95851 may not be reported with procedure code 95831 billed on the same date of service. A modifier is not allowed to distinguish separate services. Separate reimbursement cannot be recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	Grayson Richardson	May 29, 2015
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MFDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of this *Medical Fee Dispute Resolution Findings and Decision*, together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.